

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # M89955

1. Entity Name

OSCEOLA MARKET PLACE, INC.



Principal Place of Business

2801 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744

Mailing Address

2801 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744

DO NOT WRITE IN THIS SPACE

03302005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2898767

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BUONAURD, FRANK A., JR.
24 PINE STREET
WINDERMERE, FL 34786

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fee**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BUONAURD, FRANK A., JR
STREET ADDRESS	2801 E. IRLO BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	SOBIN, HOWARD
STREET ADDRESS	3185 MCCRORY PLACE SUITE 151
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	SHAMS, MAURICE
STREET ADDRESS	111 N ORANGE AVENUE SUITE 900
CITY-ST-ZIP	ORLANDO, FL
TITLE	TSD
NAME	BUONAURO, JUDITH V.
STREET ADDRESS	2801 E IRLO-BRONSON HWY
CITY-ST-ZIP	KISSIMMEE, FL
TITLE	D
NAME	BORNS, LAWRENCE W.
STREET ADDRESS	412 N HALIFAX AVE.
CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D
NAME	FRAZIER, TREMBLAY
STREET ADDRESS	11041 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL

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04/04/05-80095-012 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05 407-876-3595